BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	MOBILE FURNACI	E AND METHOD (OF FACILITATING REMO	OVAL OF MATE	RIAL FROM V	VORKPIECE					
Fill in Appropriate	the specification of forth above and/or		ereto. If not attached here	eto, the application	n is identified	by the attorr	ney docket	number as set			
Information -								as			
For Use Without	United States A	Application Numbe	er					;			
Specification	and amended on				(if applicable) and/or						
Attached:	the specification was filed on International Application Number				as PCT						
	International A	Application Numbe		; and was							
	amended on _		(if applicable)								
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as										
	amended by any amendment referred to above.										
	I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.										
	I do not know and do not believe the same was ever known or used in the United States of America before my or our invention										
	thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one										
	year prior to this application, that the same was not in public use or on sale in the United States of America more than one year										
	prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this										
	representative or as	ssigns more than t	welve months (six month	s for designs) pr	ior to this app	lication, and	l that no a	pplication for			
	patent or inventor's	s certificate on this	invention has been filed :	in any country to	reign to the L	mited States	of Americ	a prior to this			
*.	I hereby claim	foreign priority be	statives or assigns, except enefits under Title 35, Uni d have also identified bel	ited States Code,	§119(a)-(d) of	any foreign	application	n(s) for patent			
	or inventor's certific	rate listed below an	d have also identified bel	ow any foreign ap	oplicàtion for p	patént or inv	entor's cer	tificate having			
			on on which priority is cl	aimed:			D -111 (71.1			
Insert Priority	Prior Foreign App	plication(s)					Priority (Llaimed			
Information:								П			
(if appropriate)	(Number)	(Country)		(Month/Day/	Year Filed)	_	Yes	□ No			
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	(Number)	(Country)		(Month/Day/	Year Filed)		Yes	No			
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	(Number)	(Country)		(Month/Day/	rear ruea)		Yes	No			
	(Number)	(Country)		(Month/Day/	Year Filed)	-	Yes	No			
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	I hereby claim the b	enefit under Title 3	5, United States Code, §17	19(e) of any Unite	d States provi	sional applic	ations(s) li	sted below.			
Insert Provisional	(Application Numb		•	(Filing Date)							
Application(s): (if any)	(Application Numb	(rung Da	Date)								
()/											
	(Application Numb	er)		(Filing Da	te)						
	All Foreign Applications if any for any Detect or Inventoria Codifferin Filed Many than 10 Many to										
		gn Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to 3 Date of This Application:									
	the rining Dute or ri	нь пррисанов.									
	Country		Application Number		Date of Filing	(Month/Day	//Year)				
Insert Requested			<u> </u>								
Information:											
(if appropriate)											
	I hereby claim the I	benefit under Title	35, United States Code, §	§120 of any Unite	d States and/	or PCT app	lication(s).	including for			
	continuation-in-par	t application(s) list	ed below and, insofar as	the subject matter of each of the claims of the	of this app	lication is not					
		disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of									
			ame available between								
	international filing			are iming date o	i die prior di	pheudon u	ia die imi	01 1 61			
nsert Prior U.S.	10/286,855		November 4, 2002		pending		11-	-d\			
Application(s): (if any)	(Application Numb	erj	(Filing Date)	1	(Status - paten	itea, penaing	z, abandon	eu)			
Page 1 of 2	(Application Numb	er)	(Filing Date)		(Status - paten	ted, pending	z. abandon	ed)			
Rev 07/2003)	· ·FF=====	,	(B =)	,	Putti	pending	,	,			

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

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Send Correspondence to:

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PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

Full Name of First or Sole Inventor: Insert Name of Inventor Insert Date This Document is Signed

Insert Residence Insert Citizenship

Full Name of Second Inventor, if any:

Full Name of Third Inventor, if any: see above

Full Name of Fourth Inventor, if any: see above

Inventor, if any: see above

see above

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

GIVEN NAME/FAMILY NAME	INVERTIGINATIONS		DATE*		
John Bruce SMITH	INVENTOR SIGNATURE	Smith !	// <i>-20.0</i> 3		
Residence (City, State & Country)		CITIZENSHIP			
Falls Church, VA		UNITED STAT	UNITED STATES		
MAILING ADDRESS (Complete Street A	ddress including City, State & Countr	y)			
6712 Jefferson Avenue, Falls Church, VA	22042				
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
Residence (City, State & Country)		CITIZENSHIP			
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MAILING ADDRESS (Complete Street A	ddress including City, State & Countr	y)			
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
Residence (City, State & Country)		CITIZENSHIP			
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GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
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MAILING ADDRESS (Complete Street Address) GIVEN NAME/FAMILY NAME Residence (City, State & Country) MAILING ADDRESS (Complete Street Address)	INVENTOR'S SIGNATURE	CITIZENSHIP			

Inventor, if any:

see above